

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>Robert G.</i>		11-30-81
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	32	12/11
FORMALITY REVIEW	<i>[Signature]</i>	1081	12/19/81
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

☒ Rejected
☐ Allowed
☐ (Through numeral) Canceled
☐ Restricted
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If more than 150 claims or 10 actions
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